

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
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50						
TOTAL IND.	4					
TOTAL DEP.	28	↔	↔	↔		
TOTAL CLAIMS	32	↔	↔	↔		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						

BEST AVAILABLE COPY